

CLAIMS ONLY

Application Number

" Filling Date

10/057937

Applicān(s)

May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT.		AFTER SECOND AMENDMENT.	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
2						
3						
4						
5						
6						
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9						
10						
11						
12						
13						
14						
15	/					
16		/				
17		/				
18		/				
19		/				
20	/					
21	/					
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23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
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35		/				
36		/				
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep.	3					
Total Depend.	18					
Total Claims	21					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51						
52						
53						
54						
55						
56						
57						
58						
59						
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95						
96						
97						
98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						